

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050226

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

3841

FILED JAN 9 1964

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWN or TOWN)

Koch Hosp

Length of stay in lb

22 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

ROBT KOCH HOSP

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

admission)

c. CITY OR TOWN

ST LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

1608 HOGAN

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

PATRINA

First

GULINO

Last

4. DATE OF DEATH

Dec 14 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/24/1906

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

own house

11. BIRTHPLACE (City and state or country)

ITALY

12. CITIZEN OF WHAT COUNTRY

ITALY

13a. FATHER'S NAME

JOSEPH FERRANTE

13b. MOTHER'S MAIDEN NAME

AGNES AGLO

14. NAME OF HUSBAND OR WIFE

DOMENIC GULINO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT

HOSPITAL RECORD KOCH HOSPITAL

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. - DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

FECAL FISTULA

INTERVAL BETWEEN ONSET AND DEATH

3 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

OPERATION OF SMALL BOWEL

DUE TO (c)

578X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 2/63 to Dec 14/63 and last saw her live on Dec 14/63. Death occurred at 7 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank Cohen

22b. ADDRESS

Robt Koch Hosp Koch Hosp

22c. DATE SIGNED

12/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Dec. 18, 1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis Missouri

24. FUNERAL DIRECTOR

Miceli &amp; Sons 1150 N. Kingshighway

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-17-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. M. D. Embler

Licensed Embalmer No. 3653

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.